

## Buddy Bowling League

A fun, unified sports program that provides a great way for people with and without disabilities to participate together. Special athletes or buddies may register individually or as a team. Special athletes do not have to find their own buddy. Family participation is encouraged.

**Program held at:**  
AMF -- Tempe Village Bowling Center  
4407 South Rural Road

**Who:** 15 years & up

**When:** Saturdays, 9:30 AM  
Beginning September 9

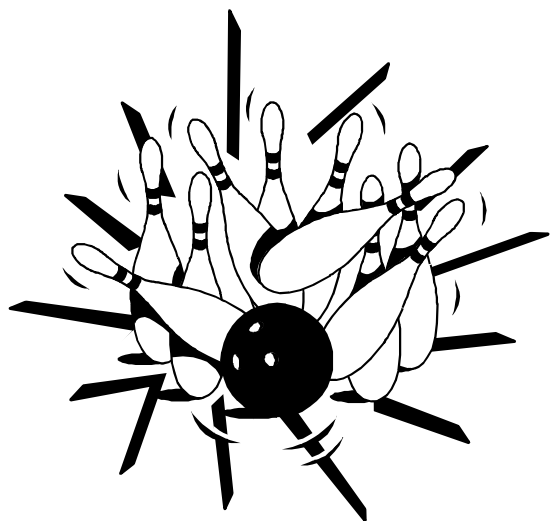
**Bowling Fee:** \$5 each week for 3 games, shoes, and league prizes  
\$2 if absent for prize fund

**Registration:**

Session I:	September 9 – November 18	
Tempe Resident Early Deadline:	(by Aug. 27)	Fee: \$15
Non-Resident & Late Registration:	(after Aug. 27)	Fee: \$19
Session II:	January 27 - April 14	
Tempe Resident Early Deadline:	(by Jan.14)	Fee: \$ 15
Non-Resident & Late Registration:	(after Jan.14)	Fee: \$ 19



**NOTE:** Registration must be received by specified deadlines to receive discount fee or program placement.  
Late registration will be accepted if space permits.



### Registration Process

Complete the attached registration form, registration fee payable to "City of Tempe" and mail or drop off:

Buddy Bowling  
Tempe Parks and Recreation  
3500 S. Rural Road  
Tempe, Arizona 85282

L:\BOWLING\Info 20002001.doc

# BUDDY BOWLING REGISTRATION FORM



2000-2001

- ☐ Session I: Sept. 9-Nov. 18  
☐ Session II: Jan. 27-April 14

- ☐ Buddy/Volunteer  
☐ Special Athlete

I would like to bowl on the same team with:

\_\_\_\_\_

NAME \_\_\_\_\_ SEX \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

CITY & STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MOTHER OR GUARDIAN'S NAME \_\_\_\_\_ EMPLOYER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

FATHER OR GUARDIAN'S NAME \_\_\_\_\_ EMPLOYER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

PHONE NUMBERS:

HOME: \_\_\_\_\_ WORK (MOM): \_\_\_\_\_ WORK (DAD): \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(In case parent can't be reached)

CHILD MAY BE PICKED UP BY:

NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

List any known allergies: \_\_\_\_\_

List any medications that are presently being used, their dosages, and times given.

Type	Dosage	Time(s)	Type	Dosage	Time(s)
------	--------	---------	------	--------	---------

Type	Dosage	Time(s)	Type	Dosage	Time(s)
------	--------	---------	------	--------	---------

Type	Dosage	Time(s)	Type	Dosage	Time(s)
------	--------	---------	------	--------	---------

Is this participant subject to seizures? \_\_\_\_\_ Last Seizure: \_\_\_\_\_

What special assistance does this participant require with bowling? \_\_\_\_\_

List any additional information that you feel is pertinent for meeting your child's needs or emergency problems that may arise: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

-- Over --

In Case of Emergency:

Preferred Hospital:\_\_\_\_\_ Doctor:\_\_\_\_\_

I hereby give authority to any hospital, doctor, or paramedics to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

- With knowledge and appreciation of the risk of injury, I wish to participate in this Class/Activity. I agree to assume the risk of personal injury while participating.
- I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants.
- I understand that all reasonable efforts will be extended to insure my health and safety.
- If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level.
- I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity.
- I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: \_\_\_\_\_

I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

\_\_\_\_\_  
Signed (Parent or Legal Guardian)

\_\_\_\_\_  
Date

## Consent Form and Photographic Release

### Photographic Release

The Special Recreation Bowling Program is of interest to our community. The local newspapers and television stations occasionally ask permission to photograph the children at the site when doing reports about recreation activity if the situation presents itself during the course of the program.

I hereby give my consent to the use of television or photographs taken and/or published by the media for such publicity as the City of Tempe Community Services Department feel will benefit the work for the developmentally disabled without consideration of any kind. I do hereby release the City of Tempe Community Services Department from any claims whatever which may arise in said regard.

Pictures taken as part of the Special Recreation Bowling Program may be used in connection with illustrative or written printed matter, story, or news items. I waive the right to inspect, and/or approve the finished product that may be used.

\_\_\_\_\_  
Signed (Parent or Legal Guardian)

\_\_\_\_\_  
Date